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Substitute for form 1449/PTO	Complete if Known		
	Application Number	10/805,157	
INFORMATION DISCLOSURE	Filing Date	2004-03-19	
STATEMENT BY APPLICANT	First Named Inventor	NISCHAL ABROL	
(Use as many sheets as necessary)	Art Unit	2614	
(Doe as many shades as necessary)	Examiner Name	NGUYEN, KHAI N	
Sheet 2 of 2	Attorney Docket No: 030389		

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	Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.						
Ŕ	None:						
SIGNATURE A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.							
Signa	iture	hath U Ellerine	Date (YYYY-MM-DD)	2010-07-14			
Name	e/Print	KRISTINE U. EKWUEME	Registration Number	56344			

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